PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

19/5144865

-	100		10	4 10	4	4805							
	7/5/05			S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
L	TOTAL CLAIN					RA		<u> </u>	- 01				
F	FOR			ER FILED	MUM	BER EXTRA	l —		FEE	4	RATE		
	TOTAL CHARGEABLE CLAIMS			2 minus 2 *			BASIC		70.00	OF	BASIC FE	E 740.00	
IN	IDEPENDENT	CLAIMS	0	2			X\$	9=		OF	X\$18=	_i	
┅		ENDENT CLAIM					X4:	2=		OR	X84=		
-		·						0=		OR	+280=		
				ess than zero, enter "0" in column 2				AL		OR	TOTAL	 	
						1		THAN					
	EVELTE ST	(Column 1) CLAIMS	इन्द्रास्य भा	(Column 2) (Column 3) HIGHEST				LL ENT	ITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E TIC	ODI- ONAL EE		RATE	ADDI- TIONAL	
MEND	Total Independent	*	Minus	**		=	X\$ 9			OR	X\$18=	FEE	
¥	FIRST PRES		Minus MULTIPLE DI	***	CL AIRA	= -	X42:	=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							+140 TOT			OR	+280= TOTAL		
	(Column 1) (Column 2) (Column 3)							EE		OR ,	ADDIT. FEE		
8		CLAIMS		HIGHE	ST	(Column 3)				_			
MENT		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA	RATE	AD TIOI FE	VAL.		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	*	Minus	**		= '	X\$ 9=			1	X\$18=		
	Independent	*	Minus	***		=	X42=			OR			
	FIRST PRESE	NTATION OF M	ULTIPLE DE	TIPLE DEPENDENT C		AIM			'	OR	X84=		
							+140=			OR	+280≈		
	•			•			TOTA ADDIT. FE			OR 🛕	TOTAL DDIT. FEE		
		(Column 1) CLAIMS	The latter of the Communication of the Communicatio	(Column		Column 3)				^	DDII. FEE L		
AMENDMENTC		REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RATE	ADE TION	AL	Γ	RATE	ADDI- TIONAL	
	Total	*	Minus	**			\	FEE		-		FEE	
ME	Independent	*	Minus	***		-	X\$ 9=	 		R	X\$18=		
1	FIRST PRESE	X42=		o	R	X84=							
* If	the entry in colur	+140=		0	R	+280=							
***If	the "Highest Nur	Tiber Previously Pa	id For" IN THIS	SPACE is les	ss than 2	0, enter "20."	TOTAL ADDIT. FEE	•		 ∟ R	TOTAL		
Ti	ne "Highest Num	ber Previously Paid	i For" (Total or	Independent)	ss than 3 is the hi	s, enter "3." ghest number fo	und in the a	propriate	box in	colum	DIT. FEE L. In 1.		